

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045234

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11886

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in lb
10 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Bridgeton Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Missouri Baptist Hosp.

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4575 Fee Fee Rd.

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
Mayme C. Boenker

4. DATE OF DEATH Dec. 1, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/19/1885

9. AGE (last birthday)
78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home

10b. KIND OF BUSINESS OR INDUSTRY
At Home

11. BIRTHPLACE (City and state or country)
St. Louis County Mo. U.S.A.

13a. FATHER'S NAME

George Wiegand

13b. MOTHER'S MAIDEN NAME

Annie Richardson

14. NAME OF HUSBAND OR WIFE

Arthur G. Boenker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)
No No

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
Arthur G. Boenker 4575 Fee Fee Rd.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Congestion
Cerebrovascular accident (Stroke)
Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

Hours
10 days
yrs.

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis heart disease

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
331X

20c. TIME OF INJURY Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to death and last saw her alive on 1 Dec 1963
Death occurred at 12:45 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Paul R. Whitener M.D.

22b. ADDRESS
842.3 Midland, St. Louis (4) Mo

22c. DATE SIGNED
2 Dec 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
12/4/1963

23c. NAME OF CEMETERY OR CREMATORY
Laurel Hill Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS
Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.
DEC 2 1963

26. REGISTRAR'S SIGNATURE
Rosal Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address

St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.